

<i>SERFF Tracking Number:</i>	<i>SEPX-125715030</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Sentry Insurance a Mutual Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>BOPAR08213CGR01</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
<i>Product Name:</i>	<i>Businessowners</i>		
<i>Project Name/Number:</i>	<i>2008 BOP/BOPAR08213CGR01</i>		

Filing at a Glance

Companies: Sentry Insurance a Mutual Company, Middlesex Insurance Company

Product Name: Businessowners	SERFF Tr Num: SEPX-125715030	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT \$25

Sub-TOI: 05.0002 Businessowners	Co Tr Num: BOPAR08213CGR01	State Status: Fees verified and received
---------------------------------	----------------------------	--

Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: SPI SentryInsurancePC	Disposition Date: 06/30/2008
	Date Submitted: 06/27/2008	Disposition Status: Exempt from Review
Effective Date Requested (New): 10/01/2008		Effective Date (New): 10/01/2008
Effective Date Requested (Renewal): 10/01/2008		Effective Date (Renewal): 10/01/2008

State Filing Description:

General Information

Project Name: 2008 BOP	Status of Filing in Domicile: Pending
Project Number: BOPAR08213CGR01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:

Filing Status Changed: 06/30/2008
 State Status Changed: 06/30/2008
 Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

We have submitted a form filing, our company filing # BOPAL08213CGF01, to revise our Printing and Graphic Arts Errors and Omissions Endorsement, BP 80 17 01 08. In that filing we have revised the endorsement to add a new optional coverage, Correction of Work.

<i>SERFF Tracking Number:</i>	<i>SEPX-125715030</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Sentry Insurance a Mutual Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>BOPAR08213CGR01</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
<i>Product Name:</i>	<i>Businessowners</i>		
<i>Project Name/Number:</i>	<i>2008 BOP/BOPAR08213CGR01</i>		

In response to this new optional coverage, we are filing revised rule pages; BP-EX-5 04 08 replaces BP-EX-5 03 06 and BP-EX-6 04 08 replaces BP-EX-5 03 06. In addition, page BP-EX-7 04 08 has been introduced. Please refer to the rule memorandum for further detail.

Please notify me if you have any questions and/or concerns.

Company and Contact

Filing Contact Information

Douglas Krueger, Compliance/Development Sr. doug.krueger@sentry.com
Analyst

1800 North Point Drive	(715) 346-8614 [Phone]
Stevens Point, WI 54481	(715) 346-6044[FAX]

Filing Company Information

Sentry Insurance a Mutual Company	CoCode: 24988	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 39-0333950	

Middlesex Insurance Company	CoCode: 23434	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 04-1619070	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	

<i>SERFF Tracking Number:</i>	<i>SEPX-125715030</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Sentry Insurance a Mutual Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>BOPAR08213CGR01</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Businessowners</i>		
<i>Project Name/Number:</i>	<i>2008 BOP/BOPAR08213CGR01</i>		
Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Insurance a Mutual Company	\$25.00	06/27/2008	21127007

SERFF Tracking Number: SEPX-125715030 State: Arkansas
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$25
Company Tracking Number: BOPAR08213CGR01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: 2008 BOP/BOPAR08213CGR01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	06/30/2008	06/30/2008

<i>SERFF Tracking Number:</i>	<i>SEPX-125715030</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Sentry Insurance a Mutual Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>BOPAR08213CGR01</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Businessowners</i>		
<i>Project Name/Number:</i>	<i>2008 BOP/BOPAR08213CGR01</i>		

Disposition

Disposition Date: 06/30/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 10/01/2008

Status: Exempt from Review

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate/rule filing and review requirements.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: SEPX-125715030 State: Arkansas

First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$25

Company Tracking Number: BOPAR08213CGR01

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Businessowners

Project Name/Number: 2008 BOP/BOPAR08213CGR01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Rule Memorandum	Accepted for Informational Purposes	Yes
Supporting Document	AR - NAIC P&C TRANSMITTAL DOCUMENT	Accepted for Informational Purposes	Yes
Supporting Document	AR - NAIC RATE RULE FILING SCHEDULE	Accepted for Informational Purposes	Yes
Rate	Company Rule Exception Page	Accepted for Informational Purposes	Yes
Rate	Company Rule Exception Page	Accepted for Informational Purposes	Yes
Rate	Company Rule Exception Page	Accepted for Informational Purposes	Yes

SERFF Tracking Number:	SEPX-125715030	State:	Arkansas
First Filing Company:	Sentry Insurance a Mutual Company, ...	State Tracking Number:	EFT \$25
Company Tracking Number:	BOPAR08213CGR01		
TOI:	05.0 Commercial Multi-Peril - Liability & Non-Sub-TOI:		05.0002 Businessowners
	Liability		
Product Name:	Businessowners		
Project Name/Number:	2008 BOP/BOPAR08213CGR01		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SEPX-125715030 State: Arkansas

First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$25

Company Tracking Number: BOPAR08213CGR01

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Businessowners

Project Name/Number: 2008 BOP/BOPAR08213CGR01

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Company Rule Exception Page	BP-EX-5	Replacement	BP-EX-5.PDF
Accepted for Informational Purposes	Company Rule Exception Page	BP-EX-6	Replacement	BP-EX-6.PDF
Accepted for Informational Purposes	Company Rule Exception Page	BP-EX-7	New	BP-EX-7.PDF

**COMMERCIAL LINES MANUAL
DIVISION TEN - BUSINESSOWNERS
EXCEPTION PAGE**

D. Medical Expenses - Exclusion

1. Paragraph 29.B.14.b. is replaced by the following:

b. Endorsement

Use Medical Expenses - Exclusion Endorsement BP 04 38.

2. Paragraph 29.B.14.c. is replaced by the following:

c. Refer to company.

E. Additional Insured - Vendors

Paragraph 29.C.10.c. is replaced by the following:

c. Charge \$30 for each vendor.

F. Professional Liability Endorsements

1. Barbers and Beauticians Professional Liability

Paragraph 29.D.3.a.(3) is replaced by the following:

(3) Premium Determination. Multiply the appropriate rate from the table below by the number of barbers or beauticians.

(1) Barbers

Limit	Rate per Barber
\$ 300,000	\$25
\$ 500,000	\$28
\$1,000,000	\$33
\$2,000,000	\$35

(2) Beauticians

Limit	Rate per Beautician
\$ 300,000	\$40
\$ 500,000	\$44
\$1,000,000	\$52
\$2,000,000	\$56

2. Funeral Directors Professional Liability

Paragraph 29.D.3.b.(3) is replaced by the following:

(3) Premium Determination. Make the appropriate premium charge from the table below for each policy. (Bodies means the number of bodies for which professional services are performed during the year.)

**COMMERCIAL LINES MANUAL
DIVISION TEN - BUSINESSOWNERS
EXCEPTION PAGE**

Limit	Up to 150 Bodies	151 to 350 Bodies	351 to 500 Bodies	501 to 650 Bodies	More than 650 Bodies
\$ 300,000	\$ 81	\$122	\$144	\$162	\$180
\$ 500,000	\$ 90	\$135	\$158	\$180	\$203
\$1,000,000	\$104	\$153	\$180	\$207	\$234
\$2,000,000	\$113	\$171	\$198	\$225	\$252

3. Optical and Hearing Aid Establishments

Paragraphs 29.D.3.c.(2) and (3) are replaced by the following:

- (2) Endorsement. Use Optical Goods and Hearing Aid Establishments Endorsement BP 70 30.
- (3) Premium Determination. Multiply the appropriate rate from the table below by the number of professionals and the number of other employees.

Limit	Each Professional	Other Employees
\$ 300,000	\$55	\$30
\$ 500,000	\$61	\$35
\$1,000,000	\$72	\$40
\$2,000,000	\$77	\$42

4. Printers Errors and Omissions Liability

Paragraphs 29.D.3.e.(2) and (3) are replaced by the following:

- (2) Endorsement. Use Printing and Graphic Arts Errors and Omissions Endorsement BP 80 17. To activate optional Correction of Work Coverage - make appropriate entry in the Declarations.
- (3) Premium Determination.
- (a) Multiply the appropriate rate from the table below for each policy.

Limit	Premium
\$ 300,000	\$100
\$ 500,000	\$125
\$1,000,000	\$150
\$2,000,000	\$200

**SENTRY INSURANCE A MUTUAL COMPANY
MIDDLESEX INSURANCE COMPANY
PATRIOT GENERAL INSURANCE COMPANY
SENTRY LLOYDS OF TEXAS
BP-EX-6**

04/08

**COMMERCIAL LINES MANUAL
DIVISION TEN - BUSINESSOWNERS
EXCEPTION PAGE**

- (b) If Correction of Work Coverage included - add premium in the table below to premium determined in (3) (a) for total endorsement change.

Limit	Premium
\$ 300,000	\$400
\$ 500,000	\$500
\$1,000,000	\$600
\$2,000,000	\$800

**SENTRY INSURANCE A MUTUAL COMPANY
MIDDLESEX INSURANCE COMPANY
PATRIOT GENERAL INSURANCE COMPANY
SENTRY LLOYDS OF TEXAS
BP-EX-7**

04/08

SERFF Tracking Number: SEPX-125715030 State: Arkansas
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$25
Company Tracking Number: BOPAR08213CGR01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: 2008 BOP/BOPAR08213CGR01

Supporting Document Schedules

Satisfied -Name: Cover Letter **Review Status:** Accepted for Informational 06/30/2008
Purposes

Comments:

Attachment:

Cover Letter.PDF

Satisfied -Name: Rule Memorandum **Review Status:** Accepted for Informational 06/30/2008
Purposes

Comments:

Attachment:

Rule Memorandum.PDF

Satisfied -Name: AR - NAIC P&C TRANSMITTAL DOCUMENT **Review Status:** Accepted for Informational 06/30/2008
Purposes

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: AR - NAIC RATE RULE FILING SCHEDULE **Review Status:** Accepted for Informational 06/30/2008
Purposes

Comments:

Attachment:

AR - NAIC RATE RULE FILING SCHEDULE.PDF

Sentry Insurance a Mutual Company
1800 North Point Drive
P.O. Box 8020
Stevens Point, WI 54481-8020



June 27, 2008

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

SENTRY INSURANCE A MUTUAL COMPANY, NAIC#169-24988, FEID#39-0333950
MIDDLESEX INSURANCE COMPANY, NAIC#169-23434, FEID#04-1619070
BUSINESSOWNERS – DIVISION TEN
RULE FILING
COMPANY FILING #: BOPAR08213CGR01
REFERENCE FILING #: BOPAR08213CGF01
PROPOSED WRITTEN DATE: 10/1/2008

We have submitted a form filing, our company filing # BOPAR08213CGF01, to revise our Printing and Graphic Arts Errors and Omissions Endorsement, BP 80 17 01 08. In that filing we have revised the endorsement to add a new optional coverage, Correction of Work.

In response to this new optional coverage, we are filing revised rule pages; BP-EX-5 04 08 replaces BP-EX-5 03 06 and BP-EX-6 04 08 replaces BP-EX-5 03 06. In addition, page BP-EX-7 04 08 has been introduced. Please refer to the rule memorandum for further detail.

Please notify me if you have any questions and/or concerns.

Sincerely,

Douglas D. Krueger
Compliance/Development Analyst
715 346-8614
715 346-6044(fax)
Doug.Krueger@sentry.com

Rule Memorandum

Manual Page	Replaces	Description of Change
BP-EX-5 04/08	BP-EX-5 03/06	Editorial in nature. The '29' was added to paragraph F. Professional Liability Endorsements for coverages 1 and 2.
BP-EX-6 04/08	BP-EX-6 03/06	<p>Editorial in nature. The '29' was added to paragraph F. Professional Liability Endorsements for coverages 3 and 4.</p> <p>Revised Printers Errors and Omissions Liability rule 4. to include verbiage regarding the new Correction of Work coverage option.</p>
BP-EX-7 04/08	new	<p>Revised Printers Errors and Omissions Liability rule 4. to determine premium when the new Correction of Work coverage option is elected.</p> <p>An insured with this optional coverage would also be charged for the underlying E&O coverage.</p>

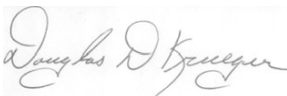
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Sentry Insurance Group				Group NAIC #	169
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Sentry Insurance a Mutual Company	WI	24988	39-0333950			
Middlesex Insurance Company	WI	23434	04-1619070			

5. Company Tracking Number	BOPAR08213CGR01
-----------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Douglas D. Krueger 1800 North Point Drive Stevens Point WI 54481	Compliance/Development Sr. Analyst	715-346-8614 Ext. 8614	715-346-6044	doug.krueger@sentry.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Douglas D. Krueger			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.0 Commercial Multi-Peril - Liability & Non-Liability			
10. Sub-Type of Insurance (Sub-TOI)	05.0002 Businessowners			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	Businessowners			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	10-1-08	Renewal:	10-1-08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	NA			
17. Reference Organization # & Title	NA			
18. Company's Date of Filing	6-27-08			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	BOPAR08213CGR01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

We have submitted a form filing, our company filing # BOPAL08213CGF01, to revise our Printing and Graphic Arts Errors and Omissions Endorsement, BP 80 17 01 08. In that filing we have revised the endorsement to add a new optional coverage, Correction of Work.

In response to this new optional coverage, we are filing revised rule pages; BP-EX-5 04 08 replaces BP-EX-5 03 06 and BP-EX-6 04 08 replaces BP-EX-5 03 06. In addition, page BP-EX-7 04 08 has been introduced. Please refer to the rule memorandum for further detail.

Please notify me if you have any questions and/or concerns.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 10px;"> Check #: NA </div> <div style="margin-bottom: 10px;"> Amount: \$25.00 </div> <div style="margin-bottom: 10px;"> Rule Filing </div> <div style="text-align: center; margin-top: 20px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	BOPAR08213CGR01
-----------	--	-----------------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	BOPAR08213CGF01
-----------	---	-----------------

☐ Rate Increase

☐ Rate Decrease

☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Use and File
-----------	--	--------------

4a.	Rate Change by Company (As Proposed)
------------	---

Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Sentry Insurance a Mutual Company	0	0	0	0	0	0	0
Middlesex Insurance Company	0	0	0	0	0	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

	5. Overall Rate Information (Complete for Multiple Company Filings only)
--	---

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	BP-EX-5 0408	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	BP-EX-6 0408	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	BP-EX-7 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	